



OSF
HEALTHCARE

Patient Label (Be sure to confirm information on label is correct)

SAMC Strive Trauma Recovery Center
5666 East State St., Rockford, IL 61107
Phone# 815-227-2688 Fax# 815-671-4245
Email: TRC.referral@osfhealthcare.org

Consent to Contact

The OSF Strive helps survivors of crime to improve their physical and emotional health. The OSF Strive is part of OSF Saint Anthony Medical Center. These free services may include case management (someone to help with obtaining housing, financial benefits, or other resources), therapy (counseling to help cope with how I am feeling since the trauma occurred, to manage stress, etc.), psychiatry telehealth services (medication management), and assertive outreach.

Assertive outreach is a way for staff to reach out to you and offer services or to help you get back into services if you stop coming. We understand that, for many reasons, sometimes it is hard to start treatment or to go to appointments. The OSF Strive staff want to be able to keep in touch with you throughout your care and to see how you are doing. They want to be able to help you to start and continue services by reaching out through phone, mail, and home visits.

If you agree to all the above, OSF Strive staff will do their best to contact you directly with the information provided on this form. However, if staff are unable to get ahold of you, they may contact friends/family (*that you have agreed to by listing their information on this form*) to get a message to you.

If you agree to be contacted, the following will happen:

1. An appointment will be scheduled for an evaluation.
2. If I do not come to the scheduled meeting, someone from the OSF Strive will contact me to schedule another appointment.
3. If your scheduled appointment is at the OSF Strive office, you may be asked to have your picture taken. You can decline to have your picture taken if it makes you feel uncomfortable.

Contact Information

Current Address _____ **City/State/Zip** _____

Address Type (circle): Own home Relative/Friend's home Shelter Mail pick up only Other _____

Here for the next 2 weeks? N Y **Mail contact OK?** N Y **Visit address OK?** N Y

Other Address _____ **City/State/Zip** _____

Address Type (circle): Own home Relative/Friend's home Shelter Mail pick up only Other _____

Here for the next 2 weeks? N Y **Mail contact OK?** N Y **Visit address OK?** N Y

Primary Phone# _____ - _____ - _____ Home Cell Work Other _____

OK to call? N Y **OK to leave messages?** N Y **OK to identify TRC?** N Y

If No, how would you like staff to identify themselves? _____

Other Phone# _____ - _____ - _____ Home Cell Work Other _____

OK to call? N Y **OK to leave messages?** N Y **OK to identify TRC?** N Y

If No, how would you like staff to identify themselves? _____



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If Applicable:

Where do you hang out? _____

What shelters do you use? _____

If homeless, where do you sleep? _____

Do you use any free meal programs, day shelters, etc.? N Y If yes, please list _____

Are there any doctor(s), counselor(s), or payee(s) you see regularly? N Y

If yes, please list _____ Is it OK to call? N Y

Patient Contacts (Contact person “most likely knows how to get in touch with you”)

Name _____ Phone# (circle: Home/Cell/Work) _____

OK to call? N Y OK to leave messages? N Y OK to identify TRC? N Y

If No, how would you like staff to identify themselves? _____

Name _____ Phone# (circle: Home/Cell/Work) _____

OK to call? N Y OK to leave messages? N Y OK to identify TRC? N Y

If No, how would you like staff to identify themselves? _____

Name _____ Phone# (circle: Home/Cell/Work) _____

OK to call? N Y OK to leave messages? N Y OK to identify TRC? N Y

If No, how would you like staff to identify themselves? _____

I, _____, agree to all of the above and consent to be contacted by the OSF Strive TRC.
Patient / Parent or Guardian name

Patient's / Parent or Guardian's signature Date

Agency/Staff signature Date

Offered to give copy of consent:

- Patient declined copy of consent
- Patient received and/or will receive copy

As OSF Strive staff, we look forward to seeing you. If you have any questions or if you need to change your appointment time, please do not hesitate to contact us.